

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 267-3816  
Phone #: (608) 266-5511

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov>

## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

### DESIGNER SECTION

#### DESIGNERS EXAMINATION APPLICATION INSTRUCTION PACKET

#### FILING AN APPLICATION

The Wisconsin designer of engineering systems examination is administered by the Department of Regulation and Licensing.

#### NEW CANDIDATE

All new applicants for the examination must submit the following:

- a) Application for Examination (Form #2100).
- b) Experience Record (Form #463). Required of new applicants only.
- c) Transcripts (if attended college or university).
- d) Fee (see item 2).
- e) References (see item 3)

#### RETAKE CANDIDATE

Applicants who retake the examination must submit the following:

- a) Application for examination (Form #2100)
- b) Fee (see item 2).

Completed applications must be mailed to the address listed above.

Applications hand-delivered or mailed by special courier must be addressed to the Department's street address: 1400 East Washington Avenue, Room 173, Madison, WI 53703.

#### FEE

Please include a check or money order made payable to the Department of Regulation and Licensing. The exam fee is \$57.00.

#### REFERENCES

Provide replies from 3 references having personal knowledge of your experience using the enclosed "Designer Applicant Appraisal Form" (form #989). It is required that one reference be a licensed architect, professional engineer or designer of engineering systems. Family members can act as a supplemental reference but not as one of the 3 required responses. Type or print your name on each form prior to distribution. Each reference should complete Form #989 and return it to you so that you can submit all references with your application.

#### EXAMINATION DATE AND FILING DEADLINES

The Department will be administering examinations on the following dates:

##### Examination Dates

March 12, 2005  
July 9, 2005  
November 12, 2005

##### Application Must Be Received By:

January 12, 2005  
May 9, 2005  
September 12, 2005

The filing deadline for the examination is 4:30 p.m. on the date listed. Full responsibility for meeting this deadline is with the applicant. An application must be postmarked by the deadline date or it will NOT be considered as meeting the deadline date.

#### ADMISSION TICKETS

Approximately 10 days prior to the examination date an admission ticket will be mailed to each applicant approved for admission to the examination. The admission ticket will include the time, date and location of the examination in addition to the parts of the examination for which the applicant is scheduled.

#### EXAMINATION RESULTS

Applicants will be notified of the results by mail approximately four weeks after the examination date.

#2101 (Rev. 10/04)

Ch. 443, Stats.

**-OVER-**

Committed to Equal Opportunity in Employment and Licensing

# Wisconsin Department of Regulation & Licensing

## **FORMAT OF THE DESIGNERS EXAMINATION**

The exams have been updated in cooperation with representatives from the Department of Commerce to reflect current statutes, rules, codes, and regulations. There are different examinations for each of the five sub-fields. All of the examinations are multiple choice and candidates are given 4 hours to complete them. Examinees are allowed to use their own calculators and code books including the Wisconsin Administrative Code, Wisconsin Enrolled Commercial Building Codes, DNR Codes, POWTS manuals, and the International Building, Mechanical, Energy, Electrical, and Fuel Gas Codes.

All examination materials are confidential and are not to be removed from the examination room.

The examination for registration as a Designer of Engineering Systems is designed to determine if the applicant can demonstrate acceptable competence in the design of systems particular to the sub-field. The examinations require a working knowledge of the following:

- Mathematics

- Science as relevant to the sub-field: physics, chemistry, and the biological sciences

- Approved materials and structures

- Blueprints, tables, charts, and graphs

- Fundamental principles pertinent to each of the sub-fields as appropriate

- Equipment, fixtures, and appliances

- Safety and protection requirements

- Occupancy and accessibility requirements

- System design

- Methods of installation pertinent to each of the sub-fields as appropriate

- Distribution factors

- Detection and alarms

- Understanding and using site data

- Maintenance practices

- Definitions

- Energy conservation

For further information related to the content of the exams and the materials allowed in the exam room contact the Office of Examinations at (608) 267-3280.

A copy of the Wisconsin Statutes and Administrative Code relating to the practice of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors is available on the web at <http://drl.wi.gov> or at most public libraries. If you wish to purchase a copy, you may purchase a hard print copy from Document Sales, Department of Administration. Information for ordering a codebook may be found at <http://drl.wi.gov/includes/catalog.htm>, by [docsales@doa.state.wi.us](mailto:docsales@doa.state.wi.us).

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## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS DESIGNER SECTION

APPLICATION FOR ELECTRICAL, FIRE PROTECTION, HVAC, PLUMBING AND PRIVATE SEWAGE SYSTEMS EXAMINATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

- ☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

**PLEASE TYPE OR PRINT IN INK**

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number ( ____ ) ____ - ____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan  
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander  
☐ Hispanic ☐ Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

### EDUCATION:

Colleges Attended

Degree Received

Date of Graduation

### EXAMINATION APPLYING FOR:

- ☐ Electrical Systems  
☐ Fire Protection Systems  
☐ Heating, Ventilation & Air Conditioning  
☐ Plumbing Systems  
☐ Private Sewage Systems

**APPLICATION FEE** Make check payable to Department of Regulation and Licensing and attach to this application.

☐ \$ 57.00 Exam fee

#### FOR BOARD APPROVAL ONLY

BY \_\_\_\_\_  
BY \_\_\_\_\_  
BY \_\_\_\_\_  
DATE \_\_\_\_\_

### For Receiving Use Only

# Wisconsin Department of Regulation & Licensing

## HAVE YOU TAKEN THE EXAMINATION(S) FOR THE STATE OF WISCONSIN PREVIOUSLY?

☐ Yes ☐ No

If Yes, when? \_\_\_\_\_

### CHOOSE AN EXAM LOCATION

- ☐ Eau Claire  
☐ Green Bay  
☐ Madison  
☐ Milwaukee

### CHOOSE AN EXAM DATE

- ☐ March 12, 2005  
☐ July 9, 2005  
☐ November 12, 2005

**MARK AN X IN THE APPROPRIATE BOX.** If you answer **Yes** to any question, give all details on a separate sheet.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? \_\_\_\_\_

## APPLICANT MUST SIGN

I understand that eligibility for examination does not imply eligibility for licensure and that upon successful completion of the examination, additional information will be requested by the Designers Section of the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors to satisfy requirements outlined in secs. 443, Stats., and A-E 5, Wis. Admin. Code.

I state that I am the person referred to in this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws and rules of either the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors or the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name of Person Signing Above

# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

**(Please Print)**

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First Name	Middle Initial	Last Name
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---

Profession

Date of Birth                                            
                                 month                                   day                                   year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

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<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

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Website: http://drl.wi.gov

## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Social Security Number			
month day year	Information helps us identify your record, but is voluntary. It is not available to the public.			
Ethnic/gender information is required to check criminal information records.	<table><tr><td><b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F</td><td><b>Ethnic:</b> <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic</td><td><input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other</td></tr></table>	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Ethnic:</b> <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other
<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Ethnic:</b> <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other		

- List all other names used: \_\_\_\_\_
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

**It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.**

OFFENSE

DATE

CITY/STATE


Attach additional sheet(s) if necessary.

# Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? **YES** **NO** **MO/YR COMPLETED**  
☐ ☐ \_\_\_\_\_  
Did you successfully complete the program? ☐ ☐ \_\_\_\_\_  
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: ☐ Probation **YES** **NO** **MO/YR COMPLETED**  
☐ Parole ☐ ☐ \_\_\_\_\_  
☐ Ordered to pay restitution ☐ ☐ \_\_\_\_\_  
Did you successfully complete one of the above as ordered by the court? ☐ ☐ \_\_\_\_\_

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature _____	Date _____
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Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Notary Public _____	Date _____
----------------------------------	------------

My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**

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## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

### EXPERIENCE RECORD

Type or print your name:	Type of license you are applying for:	Date:
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<b>Engagement</b>	<b>Date</b>	<b>Title of Position, and Extent of Experience and Responsibility.</b> Make statement concise. Designate each engagement by a separate number. <b>[Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility.]</b> University, college or technical school shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your <b>last</b> entry. Any necessary amplification may be made on a separate sheet. You may create your own document in Word Processing as long as you follow the format of this form.	<b>Name, Title and Address</b> of an individual (not deceased) familiar with each engagement, preferably the person to whom applicant reported.
#1  <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime  _____ hrs/week	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">FROM <small>Mo/Yr</small></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 10px;">TO <small>Mo/Yr</small></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 10px;">TOTAL <small>Yr/Mo</small></div>		
#2  <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime  _____ hrs/week	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">FROM <small>Mo/Yr</small></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 10px;">TO <small>Mo/Yr</small></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 10px;">TOTAL <small>Yr/Mo</small></div>	Title: _____	



## Wisconsin Department of Regulation & Licensing

<b>#3</b>  <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime  _____ hrs/week	<b>FROM</b> <small>Mo/Yr</small>  <hr/> <b>TO</b> <small>Mo/Yr</small>  <hr/> <b>TOTAL</b> <small>Yr/Mo</small>  <hr/>	Title: _____	
<b>#4</b>  <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime  _____ hrs/week	<b>FROM</b> <small>Mo/Yr</small>  <hr/> <b>TO</b> <small>Mo/Yr</small>  <hr/> <b>TOTAL</b> <small>Yr/Mo</small>  <hr/>	Title: _____	
<b>#5</b>  <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime  _____ hrs/week	<b>FROM</b> <small>Mo/Yr</small>  <hr/> <b>TO</b> <small>Mo/Yr</small>  <hr/> <b>TOTAL</b> <small>Yr/Mo</small>  <hr/>	Title: _____	

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## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS DESIGNERS SECTION

### DESIGNER APPLICANT APPRAISAL FORM

APPLICANT: DESIGNER	
Type or print name of applicant	Birth date

The applicant named above has applied for registration as a designer of engineering systems in the State of Wisconsin. A permit to practice as a designer in Wisconsin is limited to certain recognized fields of engineering design practice. The applicant has claimed experience in the design field that is checked below. To assist the board in reviewing the applicant we would appreciate your appraisal of the applicant's proficiency as requested below and on the back of this form.

Permit requested in: ☐ - HVAC ☐ - Plumbing ☐ - Electrical ☐ - Fire Protection ☐ - Private Sewage Systems

1. I know this applicant: ☐ - very well, ☐ - well, ☐ - slightly, ☐ - not at all.

2. My contacts with the applicant extend from \_\_\_\_\_ to \_\_\_\_\_.

3. These contact were (check all that apply):

☐ - As an associate in design work, ☐ - As a student in my classes,  
☐ - In social or community activities, ☐ - Professional society activities,  
☐ - Other (specify) \_\_\_\_\_

4. I am familiar with the applicant's work at \_\_\_\_\_  
(name of company)

5. Describe the principal duties performed by the applicant. \_\_\_\_\_

To qualify for a permit as a designer of engineering systems an applicant must have sufficient knowledge and experience. To assist the board in evaluating this applicant, please indicate whether the applicant has entry level competence (for a permit in the design field checked above) in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).

	Yes	No	UK	<u>REQUIRED AREAS OF EXPERIENCE</u>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Research and Development and (b) Design Problem identification, including consideration of alternative approaches to problems solving.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning, including selecting a practical or reasonable approach.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Execution of plan, including completing design calculations.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpreting and reporting results.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Definition of safety, health and environmental constraints.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Selection of materials and components.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Production of final designs.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparation of detailed working drawings.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluation of design solution for adherence to laws and codes and obtain approval.

	Yes	No	UK	<u>OTHER AREAS OF EXPERIENCE:</u> (a) Other Design, (b) Construction and (c) Maintenance
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification of design objectives.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Definition of performance specifications, and functional requirements, such as materials and energy balances.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction phase: Observation.

# Wisconsin Department of Regulation & Licensing

- |     | Yes                      | No                       | UK                       |  |
|-----|--------------------------|--------------------------|--------------------------|--|
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Characteristics of all key materials.  |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of designs, layouts, and systems diagrams.                           |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of supporting technical information.                                 |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of bid documents, including conducting a contract evaluation.        |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of specifications and data sheets.                                   |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interaction with professionals from other areas of work.                         |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation with contractors, suppliers and installers.                         |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection of installed equipment and material for conformity specifications.    |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assistance in design implementation construction.                                |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Revision of design as required including "as built" drawings and specifications. |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certification in completing and testing.   |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provision of field service assistance.   |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reviewing of completed work.   |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Development of preventative maintenance schedules.                               |

32. Provide any information or knowledge that you have of this applicant that would assist the board in determining the applicant's competency to practice in the field of design practice that is checked on the other side of this form.. (Attach additional sheets if necessary.)

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33. In my opinion, considered as a whole, this applicant is qualified to be licensed as a designer of engineering systems in the field indicated on the front of this sheet. ☐- Yes ☐- No

34. The above information is being submitted by:

Name (Type or Print)	
Firm	
Title/Position	
Address	
City/State/Zip	
Day Phone	
Signature	Date

Please affix seal
write in where registered, type of profession and registration number if applicable

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Permit requested in: ☐ - HVAC ☐ - Plumbing ☐ - Electrical ☐ - Fire Protection ☐ - Private Sewage Systems

1. I know this applicant: ☐ - very well, ☐ - well, ☐ - slightly, ☐ - not at all.

2. My contacts with the applicant extend from \_\_\_\_\_ to \_\_\_\_\_.

3. These contact were (check all that apply):

☐ - As an associate in design work, ☐ - As a student in my classes,  
☐ - In social or community activities, ☐ - Professional society activities,  
☐ - Other (specify) \_\_\_\_\_

4. I am familiar with the applicant's work at \_\_\_\_\_  
(name of company)

5. Describe the principal duties performed by the applicant. \_\_\_\_\_

To qualify for a permit as a designer of engineering systems an applicant must have sufficient knowledge and experience. To assist the board in evaluating this applicant, please indicate whether the applicant has entry level competence (for a permit in the design field checked above) in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).

	Yes	No	UK	<u>REQUIRED AREAS OF EXPERIENCE</u>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Research and Development and (b) Design Problem identification, including consideration of alternative approaches to problems solving.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning, including selecting a practical or reasonable approach.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Execution of plan, including completing design calculations.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpreting and reporting results.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Definition of safety, health and environmental constraints.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Selection of materials and components.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Production of final designs.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparation of detailed working drawings.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluation of design solution for adherence to laws and codes and obtain approval.

	Yes	No	UK	<u>OTHER AREAS OF EXPERIENCE:</u> (a) Other Design, (b) Construction and (c) Maintenance
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification of design objectives.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Definition of performance specifications, and functional requirements, such as materials and energy balances.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction phase: Observation.

# Wisconsin Department of Regulation & Licensing

- |     | Yes                      | No                       | UK                       |  |
|-----|--------------------------|--------------------------|--------------------------|--|
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Characteristics of all key materials.  |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of designs, layouts, and systems diagrams.                           |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of supporting technical information.                                 |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of bid documents, including conducting a contract evaluation.        |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of specifications and data sheets.                                   |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interaction with professionals from other areas of work.                         |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation with contractors, suppliers and installers.                         |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection of installed equipment and material for conformity specifications.    |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assistance in design implementation construction.                                |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Revision of design as required including "as built" drawings and specifications. |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certification in completing and testing.   |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provision of field service assistance.   |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reviewing of completed work.   |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Development of preventative maintenance schedules.                               |

32. Provide any information or knowledge that you have of this applicant that would assist the board in determining the applicant's competency to practice in the field of design practice that is checked on the other side of this form.. (Attach additional sheets if necessary.)

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33. In my opinion, considered as a whole, this applicant is qualified to be licensed as a designer of engineering systems in the field indicated on the front of this sheet. ☐- Yes ☐- No

34. The above information is being submitted by:

Name (Type or Print)	
Firm	
Title/Position	
Address	
City/State/Zip	
Day Phone	
Signature	Date

Please affix seal
write in where registered, type of profession and registration number if applicable

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 267-3816  
Phone #: (608) 266-5511

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS DESIGNERS SECTION

### DESIGNER APPLICANT APPRAISAL FORM

APPLICANT: DESIGNER	
Type or print name of applicant	Birth date

The applicant named above has applied for registration as a designer of engineering systems in the State of Wisconsin. A permit to practice as a designer in Wisconsin is limited to certain recognized fields of engineering design practice. The applicant has claimed experience in the design field that is checked below. To assist the board in reviewing the applicant we would appreciate your appraisal of the applicant's proficiency as requested below and on the back of this form.

Permit requested in: ☐ - HVAC ☐ - Plumbing ☐ - Electrical ☐ - Fire Protection ☐ - Private Sewage Systems

1. I know this applicant: ☐ - very well, ☐ - well, ☐ - slightly, ☐ - not at all.

2. My contacts with the applicant extend from \_\_\_\_\_ to \_\_\_\_\_.

3. These contact were (check all that apply):

☐ - As an associate in design work, ☐ - As a student in my classes,  
☐ - In social or community activities, ☐ - Professional society activities,  
☐ - Other (specify) \_\_\_\_\_

4. I am familiar with the applicant's work at \_\_\_\_\_  
(name of company)

5. Describe the principal duties performed by the applicant. \_\_\_\_\_

To qualify for a permit as a designer of engineering systems an applicant must have sufficient knowledge and experience. To assist the board in evaluating this applicant, please indicate whether the applicant has entry level competence (for a permit in the design field checked above) in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).

	Yes	No	UK	<u>REQUIRED AREAS OF EXPERIENCE</u>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Research and Development and (b) Design Problem identification, including consideration of alternative approaches to problems solving.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning, including selecting a practical or reasonable approach.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Execution of plan, including completing design calculations.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpreting and reporting results.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Definition of safety, health and environmental constraints.
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14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluation of design solution for adherence to laws and codes and obtain approval.

	Yes	No	UK	<u>OTHER AREAS OF EXPERIENCE:</u> (a) Other Design, (b) Construction and (c) Maintenance
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification of design objectives.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Definition of performance specifications, and functional requirements, such as materials and energy balances.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction phase: Observation.

# Wisconsin Department of Regulation & Licensing

- |     | Yes                      | No                       | UK                       |  |
|-----|--------------------------|--------------------------|--------------------------|--|
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Characteristics of all key materials.  |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of designs, layouts, and systems diagrams.                           |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of supporting technical information.                                 |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of bid documents, including conducting a contract evaluation.        |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of specifications and data sheets.                                   |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interaction with professionals from other areas of work.                         |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation with contractors, suppliers and installers.                         |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection of installed equipment and material for conformity specifications.    |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assistance in design implementation construction.                                |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Revision of design as required including "as built" drawings and specifications. |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certification in completing and testing.   |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provision of field service assistance.   |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reviewing of completed work.   |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Development of preventative maintenance schedules.                               |

32. Provide any information or knowledge that you have of this applicant that would assist the board in determining the applicant's competency to practice in the field of design practice that is checked on the other side of this form.. (Attach additional sheets if necessary.)

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33. In my opinion, considered as a whole, this applicant is qualified to be licensed as a designer of engineering systems in the field indicated on the front of this sheet. ☐- Yes ☐- No

34. The above information is being submitted by:

Name (Type or Print)	
Firm	
Title/Position	
Address	
City/State/Zip	
Day Phone	
Signature	Date

Please affix seal
write in where registered, type of profession and registration number if applicable

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Type or print name of applicant	Birth date

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Permit requested in: ☐ - HVAC ☐ - Plumbing ☐ - Electrical ☐ - Fire Protection ☐ - Private Sewage Systems

1. I know this applicant: ☐ - very well, ☐ - well, ☐ - slightly, ☐ - not at all.

2. My contacts with the applicant extend from \_\_\_\_\_ to \_\_\_\_\_.

3. These contact were (check all that apply):

- ☐ - As an associate in design work, ☐ - As a student in my classes,  
☐ - In social or community activities, ☐ - Professional society activities,  
☐ - Other (specify) \_\_\_\_\_

4. I am familiar with the applicant's work at \_\_\_\_\_  
(name of company)

5. Describe the principal duties performed by the applicant. \_\_\_\_\_

To qualify for a permit as a designer of engineering systems an applicant must have sufficient knowledge and experience. To assist the board in evaluating this applicant, please indicate whether the applicant has entry level competence (for a permit in the design field checked above) in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).

- |     | Yes                      | No                       | UK                       | <u>REQUIRED AREAS OF EXPERIENCE</u>  |
|-----|--------------------------|--------------------------|--------------------------|--|
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (a) Research and Development and (b) Design Problem identification, including consideration of alternative approaches to problems solving. |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Planning, including selecting a practical or reasonable approach.  |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Execution of plan, including completing design calculations.   |
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| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Definition of safety, health and environmental constraints.  |
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| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluation of design solution for adherence to laws and codes and obtain approval.   |

- |     | Yes                      | No                       | UK                       | <u>OTHER AREAS OF EXPERIENCE:</u> (a) Other Design, (b) Construction and (c) Maintenance                      |
|-----|--------------------------|--------------------------|--------------------------|---|
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identification of design objectives.  |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Definition of performance specifications, and functional requirements, such as materials and energy balances. |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction phase: Observation.  |



# Wisconsin Department of Regulation & Licensing

- |     | Yes                      | No                       | UK                       |  |
|-----|--------------------------|--------------------------|--------------------------|--|
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| 27. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Revision of design as required including "as built" drawings and specifications. |
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| 30. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reviewing of completed work.   |
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34. The above information is being submitted by:

Name (Type or Print)	
Firm	
Title/Position	
Address	
City/State/Zip	
Day Phone	
Signature	Date

Please affix seal
write in where registered, type of profession and registration number if applicable

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- |     | Yes                      | No                       | UK                       | <u>REQUIRED AREAS OF EXPERIENCE</u>  |
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| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of detailed working drawings.  |
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**Wisconsin Department of Regulation & Licensing**

	Yes	No	UK	
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Characteristics of all key materials.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparation of designs, layouts, and systems diagrams.
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21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparation of bid documents, including conducting a contract evaluation.
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparation of specifications and data sheets.
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interaction with professionals from other areas of work.
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultation with contractors, suppliers and installers.
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection of installed equipment and material for conformity specifications.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assistance in design implementation construction.
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Revision of design as required including "as built" drawings and specifications.
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certification in completing and testing.
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provision of field service assistance.
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewing of completed work.
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<hr/>				
<hr/>				
<hr/>				
<hr/>				
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34.	The above information is being submitted by:			

Name (Type or Print)	<p>Please affix seal</p>       <p>write in where registered, type of profession and registration number if applicable</p>
Firm	
Title/Position	
Address	
City/State/Zip	
Day Phone	
Signature	

# Wisconsin Department of Regulation & Licensing

P.O. Box 8935  
Madison, WI 53708-8935  
FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov>

## NOTICES

### TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### MAILING ADDRESS AND CHANGE OF ADDRESS

*Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.*

### PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 3/04) ss. 15.04 (1) (m), 19.35, Stats.

<sup>a</sup> Section RL 4.06 of the Wisconsin Administrative Code

Committed to Equal Opportunity in Employment and Licensing